

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90070 020 ***150.00

DOCUMENT # *D99000083078*

1. Entity Name

M RAY SMITH CORP.



DO NOT WRITE IN THIS SPACE

70027632

2. Principal Place of Business

2983 LOOKOUT BLVD

Suite, Apt. #, etc.

3. Mailing Address

2983 LOOKOUT BLVD

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST LUCIE FL

City & State

PORT ST LUCIE FL

4. FEI Number

65-0949968

Applied For

Not Applicable

Zip

34984

Country

USA

Zip

34984

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SMITH, M. RAY

Street Address (P.O. Box Number is Not Acceptable)

2983 LOOKOUT BLVD

City

PORT ST LUCIE FL

FL

Zip Code

34984

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
M RAY SMITH
2983 LOOKOUT BLVD
PORT ST LUCIE FL 34984*

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *M Ray Smith* *M RAY SMITH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03 *772 336 3466*

Date

Daytime Phone #

CR2E034B (12/02)